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Authorized Signature Scott Wolinsky

Date APRIL 15, 2005

Registration No. 46,413

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PTO/SB/21 (09-04) Approved for use through 07/31/2006. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE erwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/749.025 TRANSMITTAL Filing Date December 30, 2003 First Named Inventor **FORM** Demir et al. Art Unit 2663 **Examiner Name** Derrick W. Ferris (to be used for all correspondence after initial filing) **Attorney Docket Number** I-2-0536.1US Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify **Terminal Disclaimer Extension of Time Request** below): Form PTOL-85 Request for Refund **Express Abandonment Request** CD. Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name VOLPE AND KOENIG, P.C. Signature Printed name Scott Wolinsky Date Reg. No. 46,413 2005 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Typed or printed name Scott Wolinsky APRIL 15 2005

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TOTAL AMOUNT OF PAY	MENT (\$)	1,712.00	Attorney	Docket No.	1-2-0536.1	US			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Communications Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
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FEE CALCULATION									
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 100 180									
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SUBMITTED BY			
Signature	Scott Wohnsky	Registration No. 46,413 (Attorney/Agent)	Telephone 215-568-6400
Name (Print/Type)	Scott Wolinsky		Date APRIL 15, 2005

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